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SCHOOL OF LIFE:

A COMPREHENSIVE PROGRAM TARGETING LATINO TEENAGE PREGNANCY

by

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An Applied Project Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Science

ARIZONA STATE UNIVERSITY
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Abstract

An important year 2000 family planning health status objective, from Healthy People 2000, is to reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. The Latino adolescent population was specifically targeted due to their 1985 baseline rates of 158 per 1,000. The goal set for Latinas aged 15-19 is 105 per 1,000. Since 1994, the Latina teenage pregnancy rate has been highest among the major racial/ethnic groups nationwide (Ventura, Martin, Curtin, & Mathews, 1999). One neighborhood in South Chandler, Arizona, Census Tract (CT) 5229.02, had a 57% Latino population and 39 pregnancies in 1997 (Economics and Statistics Administration, 1991). Latinas in the census tract accounted for 37 out of 39, almost 95%, of the births to teenagers that same year.

The disproportionate rate of births to teenage Latinas, considering their percentage of the census tract's population as well as U.S. population, prompted the selection of adolescent Latinas for the focus of this assessment and subsequent program development to combat the problem. The School of Life program targets teenage pregnancy and aims to reduce it by addressing the interrelated risk factors and taking into account the characteristics of the targeted population. The program's goals are to reduce teenage pregnancy, increase academic attainment, and increase self-esteem of the participants. The target population is fifth grade Latinos from CT 5229.02.

Unlike the majority of programs, the School of Life program targets children before they become teenagers and before they start engaging in sexual activity, which makes the abstinence-only message, one that is befitting and viable. The plan entails incorporating the program into the classroom setting throughout the entire fifth grade school year. The major components of the program are teacher teams, sex/respect education, community care, and mentoring. Each component will be implemented with a high degree of consideration for the participants' culture and developmental level. All program goals will be assessed annually, however, a comprehensive evaluation of the program and its goals completed eight years following implementation, will determine the program's overall effectiveness.

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Problem Identification

An important year 2000 family planning health status objective, from Healthy People 2000, is to reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. They specifically targeted the Latino adolescent population due to their 1985 baseline rates of 158 per 1,000. The goal set for Latinas aged 15-19 is 105 per 1,000. Since 1994, the Latina teenage pregnancy rate has been highest among the major racial/ethnic groups nationwide (Ventura, Martin, Curtin, & Mathews, 1999). A neighborhood in south Chandler, AZ, Census Tract 5229.02, had a 57% Latino population and 39 pregnancies in 1997 (Economics and Statistics Administration, 1991). Latinas in the census tract accounted for 37 out of 39, almost 95%, of the births to teenagers that same year. The disproportionate rate of births to teenage Latinas, considering their percentage of the census tract's population as well as U.S. population, prompted the selection of adolescent Latinas for the focus of this assessment and subsequent program development to combat the problem.

Important to note are other factors contributing to the problem of teenage pregnancy and underlying risk factors existing in the census tract negatively influencing the teenage pregnancy problem. The census tract has a high rate of poverty, single-parent households, and a significant percentage of the population has an educational level below high school (U.S. Bureau of the Census, 1990). Research suggests that these factors are among teenage pregnancy risk factors that are interrelated, and the more risk factors present, the stronger the influence on behavior leading to teenage pregnancy (U.S. Dept. of Health and Human Services, 1995). Doing poorly in school, having low aspirations for the future, experiencing early sexual abuse, and engaging in other risk-taking behaviors, including drinking and smoking are among the interrelated risk factors (U.S. Sept. of Health and Human Services, 1995).

The data indicate inadequacy and ineffectiveness of existing programs or perhaps their failure to incorporate the Latino culture. The teen birth and pregnancy rates for Latinas have not decreased as much in recent years as have the overall U.S. teen birth and pregnancy rates. Of particular significance, because of the census tract's Latino population being largely Mexican

American, is the fact that, in 1997, the Mexican American subgroup possessed the highest teen birth rate (112.4 per 1,000) among all Latina subgroups (Ventura, Martin, Curtin, & Mathews, 1999). The sole fact that the Mexican American Latina teen pregnancy rate is more than twice the overall national rate of 52.3 per 1,000 provides sufficient rationale for addressing the problem in the census tract. The U.S. has the highest teen pregnancy and birth rates in the western industrialized world and cost the nation $7 billion annually (National Campaign to Prevent Teen Pregnancy in the United States, 1997). In addition, only one third of teenage mothers receive a high school diploma (Maynard, 1996) and more are likely, nearly 80% to end up on welfare (Congressional Budget Office, 1990). Along with society and the teen mothers, the children of the teens also suffer consequences. Children of teenage mothers have lower birth weights (Wolf & Perozek, 1997; Aday, 1993), are more likely to perform poorly in school (Maynard, 1996), and are at greater risk of abuse and neglect (George & Lee, 1997). The sons of teen mothers are 13% more likely to end up in prison while their daughters are 22% more likely to become teen mothers themselves (Maynard, 1996).

Purpose

The purpose of the proposed innovation is to increase the self-esteem and improve the academic attainment of the Latinos identified to be at greatest risk for teenage pregnancy.

Innovation Description

This program targets fifth grade Latinos. Unlike the majority of programs, this one targets male and female children before they become teenagers and before they start engaging in sexual activity, which makes the abstinence-only message, one that is befitting and viable. The plan entails incorporating the program into the classroom setting throughout the entire fifth grade school year. The major components of the program are teacher teams, sex/respect education, community care, and mentoring. Each component will be implemented with a high degree of consideration for the participants' culture and developmental level.

Teacher Teams

Teacher teams, consisting of a male and female, head the classroom. The teacher teams do not necessarily have to be of Hispanic origin, as long as they are equipped with knowledge,

understanding, and appreciation for the culture. The team will serve as surrogate heads of family, role-modeling respect, healthy relating, and communicating. This will be especially beneficial for children from single-parent homes or for children being reared in dysfunctional two-parent households.

Sex/Respect Education

Sex/respect education is aimed at promoting self-respect and self-esteem as well as an appreciation and respect for others of the same and opposite sex. The value of abstinence will be instilled. During the sex/respect portion of the curriculum, the class is split up according to the sex of the participants. The teachers will teach students of their own sex the majority of the time, however, approximately one quarter of the time, they will teach the opposite sex. The children will receive the same content, but also, a positive healthy male and female perspective.

The sex-respect curriculum is designed to exploit the peer pressure phenomenon. The children will follow two male and two female models through their accelerated lives. One of the males and one of the females will consistently make smart choices, while the others' choices are consistently poor. The models will be constantly faced with realistic life choices and decisions, providing the students with plenty of opportunities for dialogue, insight into decision-making, outcomes, and consequences. The students will learn through the models' experiences, particularly, through the poor choices models' experience of negative consequences, while the smart choices models reap numerous rewards. Although, those rewards are often external in nature, the program will emphasize the internal value of the personal rewards that result from smart planning and decision-making, self-respect and self-esteem.

The smart choices model will not be designed to be perfect, but will display outstanding problem-solving ability. For example, one of the problems the model might be faced with is difficulty understanding instruction. The model might ask the teacher to repeat the instruction, ask fellow students to explain, or plan to study with a friend. Likewise, the standard curriculum will be incorporated into the problem. For example, mathematics principles can be used to explore the cost of raising a baby in relation to the earnings of one of the models. Not only does this provide realistic illustrations, but it also makes mathematics concepts more useful and

interesting, enhancing students' learning.

Community Care

The community care component of the program is intended to show the children their power to create positive change in their neighborhoods and environments. The students suggest projects for their own neighborhoods; locations and projects are decided based on available budget and student voting. Upon completion of a project, a community gift sign will be posted, which serves as a reminder to the students of their power to affect change and is intended to invoke their pride and satisfaction in giving. The signs will also send a message to the community members, telling them who is responsible for the positive change to their community, promoting their faith in the children and encouraging the community's increased support of them.

Mentoring

The program aims to provide the student participants opportunities to be mentored and to mentor. Program planners will arrange for the students to shadow successful Latinos at their jobs and the teachers will provide opportunities for these professionals to visit the classroom and discuss their jobs and how they came to do them. Volunteers will be sought to commit to weekly one-on-one mentoring sessions with students identified as most in need. At the same time, students will be taught about mentorship and will then be provided with opportunities to mentor children in lower grades.

Research Support

Kirby (1999) performed a descriptive study of the last 20 years of research on teen sexual behavior and pregnancy and found great progress has been made by researchers and program developers in their efforts to reduce adolescent unprotected sex and prevent teen pregnancy. He found the more recent studies: (a) more likely to employ experimental designs with random assignments, (b) to have large sample sizes with adequate statistic power, (c) to measure actual sexual and contraceptive behaviors, (d) to measure longer term effects, (e) to employ proper statistical methods, and (f) to report results in an unbiased manner. Through this body of research, advances have occurred in our understanding of teen pregnancy's incidence and

consequences and what the effects of improving adolescent knowledge, access to contraception improving parent/child communication have been. We can also identify characteristics of effective programs. Kirby (1999) identified two groups of effective programs: (a) sex and HIV education programs that reduce sexual risk-taking behavior, and youth development programs that reduce teenage pregnancy and childbearing. The School of Life program is a combination of both program types.

Berry, Shillington, Peak & Hohman (2000) analyzed data from a longitudinal cohort study involving 5,053 women, the National Longitudinal Survey of Youth, to examine the differences in risk and protective factors for adolescent pregnancy among four ethnic groups. They conducted analysis of variance with Bonferroni means tests for differences between ethnic groups within pregnancy categories. Hispanic women had significantly younger onset of alcohol and cigarette use compared to the other groups. Black and White women were similar in their self-esteem but had significantly higher self-esteem when compared to Hispanic women. For Hispanics and Blacks, self-esteem was found to be protective against pregnancy. For most groups, poverty increased the odds of teen pregnancy, but was not a statistically significant factor for Hispanics. Low self-esteem has been implicated by several studies as being associated with a wide range of adolescent problem behaviors (Perrin, et al., 2000; Kavussanu & Harnish, 2000). The School of Life program appropriately makes raising the self-esteem of Hispanic adolescents its main focus in effort to protect them from pregnancy.

In addressing teen pregnancy, researchers have given little attention to the male partners or psychological variables that might affect incident rates. Goodyear, Newcomb, & Allison (2000) conducted a study of 307 Latino men that included five classes of variables: (a) developmental, (b) gender-related attitudes and emotionality, (c) dating characteristics, (d) sexual behavior, and (e) the number of teen pregnancies for which a Latino man had been responsible. They found male adolescents who had fathered a child more likely than those who did not father a child to come from a single-parent home or to report they lacked an adequate father figure while growing up. Crockett, Bingham, Chopak, & Vicary (1996) found boys who came from nonintact homes initiated sex earlier. The average age at first intercourse was 14.51

years. The School of Life program targets adolescent male Latinos with the females because it recognizes his contributory role in the problem. The program seeks to ameliorate the identified risks associated with development and the family-of-origin through the teacher teams serving as surrogate parents who, along with mentors, will work to establish a positive relationship with the children.

Mentoring is now a component of many programs aimed at meeting the specific needs of youth who are at risk for dropping out of school, teenage pregnancy and other problems (Guetzloe, 1997). The term generally refers to a relationship established between a young person and one who is older that lasts over time and is focused primarily on the developmental needs of the younger individual (Guetzloe, 1997). The Big Brothers/Big Sisters of America program is known for facilitating successful one-to-one mentoring relationships (Hamilton, & Hamilton, 1992; & Guetzloe, 1997). Mentoring programs have had positive results in academic and community settings (Scott, 1992; & Guetzloe, 1997). Research has shown that one-context or single-environment programs are not as powerful as ones that are systemic and collaborative throughout all the environments in which children and youth live, work, and play (Miller, 1997).

Adolescents have been found to have no real role in the activities and work of a community (Dryfoos, 1990; & Guetzloe, 1997). One purpose of the community care segment of the School of Life program is to stimulate the participants to be action oriented in planning and designing community activities and participating in the work that promotes and keeps their community functioning healthily.

Leitenberg & Saltxman (2000) conducted a statewide survey in Vermont of 4201 adolescent girls and found 31% had intercourse by age 15 and 45% by age 16. Less than 12% of those between age 13 and 18 had partners who were five or more years older. The male partners were on average 3.62 years older (SD=3.41years) than girls whose first intercourse occurred between ages 11 and 12.The study illustrates there are very young adolescents who do have sex and the regardless of her partner's age, earlier age at first intercourse during adolescence was associated with a greater number of problem behaviors. Similarly, Elo, King, & Furstenberg (1999) found more sexual activity occurring at an early age results in more illegitimate births and

the younger the girl is at the time of pregnancy, the more grave the consequences. One of the findings by the Pennsylvania Coalition to Prevent Youth Pregnancy during its Second Annual Youth Conference was that teens judged school sexuality education programs to be highly inadequate, irrelevant, and too little, too late (Fay & Yanoff, 2000) The timing of the School of Life program was decided based on the research findings.

Implementation Protocol

This new program addresses the aforementioned interrelated risk factors and takes into account the characteristics of the targeted population. Since the program targets the Latina teen pregnancy rate for reduction, it incorporates knowledge about the teenage culture and the Latino culture and community throughout all phases of development and administration. The School of Life Program and its administration has been planned within the context of a developmental framework and uses the Health Belief Model as a theory base for change.

Framework

Because age is such an important factor that shapes the experiences of individuals, the School of Life program is constructed within a developmental framework, incorporating Erikson's psychosocial stages of development, Piaget's concepts of intellectual development, and Kohlberg's theory of moral development. The ages of the program participants will range from 10 to 12 years, however, they are on the brink of early adolescence. Early adolescents are usually in concrete operations stage, identity vs. identity diffusion, and their moral development is just beginning as the thought processes shift from preoperational to concrete operations (Proctor, 1986). The adolescent period is characterized by (a) the development of self-identity, (b) concern with body image, (c) seeking peer acceptance, (d) emerging sexual identity, and (e) experimentation, differentiation, and a push for independence (Leitch, 1998). Awareness of developmental levels is essential to program development and administration. Lack of

consideration of developmental levels has been cited as a major reason for the failure of traditional pregnancy prevention approaches taken with very young women (Proctor, 1986). Support for developmental needs will be enhanced by attention to basic needs. Maslow identified basic needs that must be met: (a) physical needs, (b) safety needs, (c) security needs, (d) belonging and love needs, and (e) esteem needs (Maslow, 1968). Before a child can function effectively in school and life, he or she must have these needs met.

Change Theory

The Health Belief Model serves as the program's framework for the anticipated teenage pregnancy prevention behavior change (Dignan & Carr, 1992). The Health Belief Model is used to organize information about participants' state of health views and what factors may influence them to change their normal behavior (Lancaster & Stanhope, 1992). The model purports to explain why people do or do not engage in a preventive health action in response to a specific threat. The burden of action is placed on the client and only those clients who have distorted or negative perceptions of the recommended health action will fail to act, thus, the nurse's energies are focused on interventions designed to modify the distorted perceptions with passive acceptance being the desired outcome (Butterfield, 1999). School of Life Program participants, including the 5th grade students, their parents, teachers and mentors, must recognize these children are susceptible to teenage pregnancy. They not only have to know they are at risk for teen pregnancy, but must also understand how serious a problem teen pregnancy is. Once the adolescent pregnancy threat is realized, parents who view the program as a deterrent will enroll their children, and the rest of the involved adults will commit seriously to its implementation. As the participants progress through the program, the expectation is they will come to view adolescent pregnancy as a real threat, resulting in their adopting necessary preventive behaviors

to thwart it. The program's curriculum is designed to provide a realistic understanding of teen pregnancy and its consequences, while instilling a prevention/avoidance focus.

Resources Available

The development, implementation, and evaluation of this program require the use of many resources. Some of the available resources are: area professionals, neighborhood volunteers, psychiatrists, parents, surrounding community, federal dollars, school facility, statistics, school nurse, community religious leaders, police department, and boys and girls club. The biggest resource is the fact that members of the school and community see teenage pregnancy as a widespread community problem, as indicated by the interviews of key informants, coupled with the fact that Healthy People 2000 targets this specific population for intervention.

Potential Constraints

Some potential constraints are: lack of space, resistance of school officials, perception of cultural bias or exclusion, inability to locate qualified teachers, inadequate budget, and resistant parents. The biggest potential constraint is the resistance of school officials to accept any kind of change, and the possible perception that the program provides Latino children special treatment and interpreting that as unfair to the rest of the student body. All of these potential constraints can be combated through the presentation of data, clearly identifying the need for such a program and through selling of this program, starting with the parents of the targeted population.

Resource Requirements

Refer to budget at Appendix C.

Timeline

Refer to Appendix B for detailed implementation timeline.

Evaluation Plan

Part of the program planning process will involve establishing tracking and measuring mechanisms to determine how many of the program's participants become parents, drop out of school, and graduate. The academic attainment and teenage pregnancy goals cannot be fully

evaluated until seven to eight years after implementation. However, the program participant teen pregnancy and dropout rates will be compared with those of like-aged Latinos in the nation, state, county, and census tract. The self-esteem goal can be evaluated by comparing the student participants' self-esteem measures using the same tools administered on the first and last day of class.

The Rosenburg Self-Esteem Scale will be used to measure self-esteem (Appendix A). It is a ten-item Guttman scale designed to measure the self-esteem of individuals. It is one-dimensional, which means that individuals may be ranked along a single continuum from very low to very high. Scores range from 10 to 40, with higher scores indicating a higher level of self-esteem and lower scores indicating a lower level of self-esteem. This instrument has been found to have a test-retest reliability of .85 (Rosenburg, 1989).

The Self-Perception Profile for Children (SPPC) will be evaluated for its use as an additional self-esteem evaluation tool. The SPPC measures six domains: (a) academic, (b) social, (c) athletic, (d) physical, (e) behavioral, and (f) global self-perceptions. Self-perception is an individual's perceptions of his abilities, competencies and attributes, as well as an individual's perceptions of his global self-worth. It also includes the degree of importance an individual gives the various self-perception domains. Acceptable levels of internal consistency and validity were reported for all six subscales across a large number of third to eighth graders. Cronbach's alpha coefficient alpha ranged from .71 to .90 (Cross, McDonald, & Lyons, 1997).

Refer to the implementation timeline at Appendix B, and refer to Appendix D for the program's outcome measures.

Decision Making

Program Goals and Outcome Measures

Goal # 1

Decrease teenage pregnancies.

Objectives

1. Less than 10 percent of the female program participants will become parents before graduating high school.

2. Less than 10 percent of male program participants will become parents before graduating high school.

Goal #2

Improve academic attainment.

Objective

1. At least 90 percent of the program participants will graduate from high school.

Goal # 3

Improve self-esteem.

Objectives

1. The cumulative measure of participants' self-esteem will be higher upon post program evaluation.

2. At least 50 percent of the individual program participants will have a higher measure of self-esteem upon post-program evaluation.

The program will be considered successful if all outcome measures are achieved. Refer to Appendix D for the outcome measures. Since the time period until all outcome measures will be realized is so long, ongoing discussions between all involved in the program will determine if it will be continued, however if the esteem goals are met the first year, the program should continue. It is desirable for at least one class per year to participate in the program, meaning, more can be started depending upon preliminary results and demand. We want to enroll as many students into the program as are interested.

Summary

Although most data shows teen pregnancy rates have been declining through much of the 1990's, the Latino subgroup's rates remain disproportionately high. Much effort has been exerted to reduce the rates of adolescent pregnancy but more effort needs to be directed at Latino subgroup. A developmentally appropriate, culturally sensitive program focused on minimizing known adolescent pregnancy risk factors and increasing the characteristics known to be protective against adolescent pregnancy is warranted. School of Life is that program. If the

program can demonstrate the ability to raise the self-esteem of the participants to a high enough level, there is a good chance the likelihood of their contributing to the teenage pregnancy statistics will be less. I hope that the School of Life Program will be the answer for this difficult problem.

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Appendix A

The Rosenburg Self-esteem Scale

The Rosenburg Self-esteem Scale

Directions: For each of the following items, please choose one of the following

1 = Strongly agree 2 = Agree 3 = Disagree 4 = Strongly disagree

____ 1. On the whole, I am satisfied with myself.

____ 2. At times, I think I am no good at all.

____ 3. I feel that I have a number of good qualities.

____ 4. I am able to do things as well as most people.

____ 5. I feel I do not have much to be proud of.

____ 6. I certainly feel useless at times.

____ 7. I feel that I'm a person of worth.

____ 8. I wish I could have more respect for myself.

____ 9. All in all, I am inclined to think that I am a failure.

____10. I take a positive attitude toward myself.

Appendix B

Timeline

Timeline

June 2001
Begin informal selling of program to: teachers, parents, school nurse, PTA members

May 2002
Begin formal selling of program to school administrators and parents

November 2002
Interview for project planner/coordinator
Conduct Latino parent focus groups
Conduct Latino teenage focus groups
Conduct high school teacher focus groups
Conduct fifth grade teacher focus groups

January 2003
Begin teacher search
Begin psychiatrist search

March 2003
Conduct interviews: teacher & psychiatrist
Begin development of sex/respect curriculum
Evaluate Self-Perceptions Profile for Children

May 2003
Hire teachers
Establish psychiatric consultation contracts
Recruit program participants
Establish sex/respect education curriculum

June 2003
Latino cultural sensitivity training for teachers
Establish mission statement and program title
Creation of models
Recruitment of mentors

August 2003
Implementation of program
Standardized measure of all participants' self-esteem to gather baseline data

December 2003
Midyear evaluation of program
Implement necessary changes

May 2004

Standardized measure of all participants' self-esteem to gather post-program data for comparison with baseline data

June 2004
Reevaluation of program
Implement necessary changes

May 2005
Annual update of participants' status

May 2006
Annual update of participants' status

May 2007
Annual update of participants' status

May 2008
Annual update of participants' status

May 2009
Annual update of participants' status

May 2010
Annual update of participants' status

May 2011
Annual update of participants' status

May 2012
Evaluation of teen pregnancy and academic attainment goal

June 2012
Media blitz
Plan for widespread implementation

Appendix C

Resource Requirements

Resource Requirements (Budget)

Resource Requirements	Associated Costs
2 Full Time Teachers	70,000.00
Curriculum Development	5,000.00
Psychiatrist Consultation (10 hours @ $150/hr)	1,500.00
School Psychologist	00.00
Classroom	00.00
Community Care Annual Budget	3,000.00
Creation of Models	300.00
School Nurse	00.00
Program Planner/Coordinator	50,000.00
Translator (80 hours @ $12/hr)	960.00
Transportation (Community Projects & Mentoring)	1,000.00
Evaluation & Write-Up	5,000.00
	Total
	$136,760.00

Appendix D

Program Goals and Objectives

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Goal # 1

Decrease teenage pregnancies.

Objectives

1. Less than 10 percent of the female program participants will become parents before graduating high school.

2. Less than 10 percent of male program participants will become parents before graduating high school.

Goal #2

Improve academic attainment.

Objective

1. At least 90 percent of the program participants will graduate from high school.

Goal # 3

Improve self-esteem.

Objectives

1. The cumulative measure of participants' self-esteem will be higher upon post program evaluation.

2. At least 50 percent of the individual program participants will have a higher measure of self-esteem upon post-program evaluation.